

FMS Foundation Newsletter

3401 Market Street suite 130, Philadelphia, PA 19104, (215-387-1865) Vol 3 No. 4

April 5, 1994

Dear Friends,

One of the most provocative challenges we receive is when we are compared with those who would deny the Holocaust. There is, of course, a monumental difference that anyone can see at once: the Holocaust-deniers require a massive conspiracy theory for their argument. We do not. Indeed, we have maintained from the very beginning that those on the other side of the FMS debate are sincere people doing what they think is best for their clients. They have become caught up in a closed-system form of belief not a conspiracy. We do not have to say that they are hiding or inventing evidence. Quite the contrary. What we are saying is that they seem not to care about evidence.

Among those who require a conspiracy theory are those who would have us believe that thousands of victims are being abused by satanists. It is ironic that one of the chief purveyors of that theory has now accused the FMS Foundation of believing in conspiracy theories. Cavalcade Productions, Inc. sells VCR tapes to therapists on how to treat "ritual abuse." The also made a tape entitled *False Prophets of The False Memory Syndrome*. It was originally shown at the October meeting of the International Society for the Study of Multiple Personality and Dissociation (ISSMP&D) about which more later. The narrator (unidentified on the tape) says many outrageous things and among them is: "Doctor Pamela Freyd, Executive Director of the FMS [sic] advances a conspiracy theory regarding those in the therapeutic community who take their clients' recovered memories of abuse seriously." The FMSF office called Cavalcade Productions, Inc. where it was learned that the narrator and writer is one David McCulley. We were connected to Mr. McCulley and he was asked for his evidence that I believed in a conspiracy theory. He claimed that the evidence is on his tape, in my very words. There is only one short segment on his tape that quotes me (it's from a session of the American Psychiatric Association): "It's a closed-system thinking and a refusal to entertain an alternative hypothesis. It is cult-like—without there being a total cult with a charismatic leader in many cases. But something very cult-like." This constituted belief in a conspiracy theory? Mr. McCulley thought about it for a while and then explained that a conspiracy is defined as two or more people who agree to do something.

Below will be found a selection from the best known tape from Cavalcade Productions, Inc. *Ritual Child Abuse: A PROFESSIONAL OVERVIEW* (1989). It makes clear both the standards of Cavalcade Productions, Inc. and the nature of beliefs in conspiracy theories that have taken hold in certain therapeutic communities.

For further evidence on the prevalence of conspiracy theories we have included in this Newsletter a selection

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from the CBC's *Fifth Estate* interview with the President of ISSMP&D, Colin Ross, M.D who has written a book entitled *CIA Mind Control*. We have not seen the manuscript but we have seen his prospective. Yes, it says. "It appears that Sirhan Sirhan, who shot Robert Kennedy, was mind controlled, and this raises the question of whether Lee Harvey Oswald was also controlled."

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In response, many professionals still claim that the more than 12,000 reports of FMS are not real, that there is no such thing as FMS. They have misrepresented our goals and activities. They fault us for not investigating the claims of families while at the same time they claim that they are not responsible for investigating the accuracy of memories before accusations are made, lawsuits initiated and families destroyed. They still call accused families "perpetrators."

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It is time to focus on the scientific evidence for the claims about memory that are destroying families. The standards for the scientific research must be those acceptable by the National Academy of Science. By such criteria, the reading list given by the American Psychiatric Association is greatly wanting.

A new level of scholarship is beginning. All parties can participate. *House of Cards* by Robyn Dawes, and *Suggestions of Abuse* by Michael Yapko and many fine books and papers "in press" promise that the level of discussion should move us quickly to a reconciliation of these issues and of families.

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* From the *American Heritage Dictionary*. CONSPIRACY: 1. An agreement to perform together an illegal, treacherous, or evil act; 2. A group of conspirators; 3. A combining or acting together, as if by evil design: "a conspiracy of natural forces;" 4. Law. An agreement between two or more persons to commit a crime or to accomplish a legal purpose through illegal action

**International Conference
Memory and Reality: Reconciliation**
CoSponsored by The False Memory Syndrome Foundation
and The Johns Hopkins Continuing Education Program
Baltimore, MD December 9, 10, 11 1994

**Cavalcade Productions, Inc. on
Ritual Child Abuse:
A PROFESSIONAL OVERVIEW, 1989**

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Gould: [The reports] include lots of sexual abuse, drugging of the children, pornographic pictures being taken, threats to the child and to the child's family, animal killings and blood rituals and even human sacrifice including the child being forced to perpetrate in that sacrifice which of course is probably the most damaging aspect of the abuse itself. But I think that one of the most difficult aspects of abuse in out-of-home day-care to cope with is that the fact that we're finding that you can abuse a hundred children ritualistically with all the overlay of terror and brainwashing that's been discussed and pretty much a hundred children will keep the secret of their abuse until there's some kind of intervention.

Hammond: Some of the children may retract a story at some point because, for example, they've seen people killed...After all the senses have been broken down in every conceivable way with electric shocks, with drugs, with fatigue, with lack of food they can be conditioned to do things on cue. And very strongly brainwashed. We've seen people in Korea who were brainwashed but these are children who are completely controlled by the cult that they're in.

Kluft: You hear a kid who's obviously hurting saying something that probably just couldn't be, and you say well, I guess it couldn't be. Actually, that account that couldn't be is a tell-tale sign of something that was so overwhelming that the child could not retain it and could not process it in the normal sequential way.

Young: Oftentimes in adults who are describing their own abuse one can then also find the old wounds of things they have described in the reports of their own abuse. I guess what we keep asking, why don't we find more evidence of it? I don't think there'd be anyone trying to advertise satanic activity of this sort publicly. Obviously it would be a secret activity.

Gould: The cases in my own practice represent approximately fifteen different preschools in the Los Angeles area none of which have been closed down since these disclosures have been made, all of which continue to operate and presumably to perpetrate.

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adults participate in human and animal sacrifice even as young as three years of age.

Sachs: Patients that I have dealt with who remained in the cult and became active perpetrators and became leaders of the cult, when they began to discover what they have done at an adult level there is really very little desire to live. They lose all reason for going on. It's a very difficult treatment issue to work with because it's a reality. Whether they've been programmed or brainwashed or whatever, the truth is they have participated in blatant murder.

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to be thrown in and burned in the fire but they said that she could save herself if she picked another child to be burned which she claimed is what happened and she has to try to live with that experience. A second was a young girl who to show complete obedience...brought her best friend into a ceremony knowing that child would be sacrificed.

Hammond: What we're talking about here goes beyond child-abuse or beyond the brainwashing of Patty Hearst or Korean-War veterans. We're talking about people—in some cases who are coming to us as patients—who were raised in satanic cults from the time they were born. Often cults that have come over from Europe, that have roots in the SS, in death-camp squads in some cases. These are children who tell us stories about being deprived of sleep all night, of then being required to work at manual labor exhaustingly all day long without any food or water. When they reach a point of utter fatigue they may then watch other people tortured. Perhaps a finger might be cut off and hung around their neck on a chain or a string as a symbol to them that they had better be obedient. They may be given drugs.

Braun: What you're trained to do is to self destruct if you should remember too much.

Goodwin: Historical accounts of satanic cults: there was a monk who lived from about 300 AD to about 400 AD who in his youth before he became a monk, he later ended up as a bishop, entered briefly one of these cults, the Sybionite Cult it was called at the time and described and this was back now over 1500 years ago he was describing nocturnal feasts, chants, infant sacrifice, cannibalism, ritual use of excrement and various body excretions in a way that's very similar to some of the fragments and material I've heard from patients.

Summit: Around the country there are great numbers of centers that have been identified, most of them investigated, most of them confirmed by at least one agency, some fifty centers in my experience where this kind of complaint has been made by dozens to hundreds of children in each case.

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Jean Goodwin, M.D., M.P.H.

Department of Psychiatry, Medical College of Wisconsin, Milwaukee, WI

Catherine Gould, Ph.D.

Clinical Psychologist, Encino, CA

D. Corydon Hammond, Ph.D.

University of Utah School of Medicine, Salt Lake City, UT

Richard P. Kluft, M.D.

Institute of the Pennsylvania Hospital, Philadelphia, PA

Roberta Sachs, Ph.D.

Training Director, Dissociative Disorder Program, Rush-Presbyterian-St. Lukes Medical Center, Chicago, IL.

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Psychiatrist, Harbor-UCLA Medical Center, Torrance, CA

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Dr. Colin Ross on the CIA

Transcribed from the CBC, Nov 8, 1993, *The Fifth Estate*.

Screen shows Colin Ross speaking: It's a pseudo-debate, it's all political and what it's all basically about is people don't want to hear about child-abuse, and don't want to talk about it and don't want their patients to talk about it.

Screen shows a title page: "CIA MIND CONTROL, Colin Ross, M.D." with voiceover: According to a book-proposal by Dr Ross and obtained by *The Fifth Estate*, he's a doctor who listens to his patients. Ross thinks he's uncovered a government plot going all the way back to the '40's. It seems some of his patients are starting to believe their MPD was implanted by the CIA. Their doctor has been helping them remember just how it was done.

Screen shows Ross speaking: They're taken to special training centers where these different techniques like sensory isolation, deprivation, flotation tanks, hypnosis, various memorization tasks, virtual-reality goggles, hallucogenic drugs, and so on, are used on them to try and deliberately create more alternate personalities that can hold information.

Screen shows manuscript being thumbed through with voiceover: Dr Ross thinks his discovery explains some of the criticism against the MPD movement. He thinks the CIA and others could be out to discredit them all.

Screen shows back of interviewer with Ross speaking:...and if the dissociative disorders movement is starting to uncover some of the mind-control experimentation that was done, that's hidden in the alternate personalities in the background, naturally they wouldn't be enthusiastic about that happening. So it would be necessary to have some sort of political strategy in place to counter that.

Voiceover: which would be?

Ross: It's all created in therapy, it's fantasy, it's not real, it's hypnosis.

WHAT THEY'RE SAYING ABOUT US IN PROFESSIONAL PUBLICATIONS

Editorial

Psychology of Women, Winter 1994
American Psychological Association

"A third development is the coalescing of psychologists and the legal community against therapists who treat survivors of sexual abuse who recover memories. In the November, 1993 ABA (American Bar Association) Journal (*Buried memories, shattered lives*, pp 70-73) Elizabeth Loftus and Laura Rosenwald argue in favor of malpractice and negligence actions against therapists as 'quality control tools for recovered memory therapy.' Who stands to benefit from this tool kit? Besides lawyers, psychologists can earn a fortune testifying on each side; but as with many other legal situations, the older male (defendant) is likely to hold the larger purse.

"Throughout this debate there are strong threads of antifeminism and sexism. The older Freyds refer often to lesbian cults. Recovered memories are likened to repression, and women who remember them are tainted with a

charge of hysteria—the November 29, 1993 cover of *Time* asks, "Is Freud Dead?" Loftus and Rosenwald underline the gendered nature of this concern with reference to "wars between father and daughter, niece and uncle..."

(We received no response to our request for a single instance when we have referred to lesbians, in or out of cults.)

False and Repressed Memories Gain Media Spotlight

Paul Hemdon

Practitioner, American Psychological Association
February 1994

"The broadcast media does not appear to be the sole culprit. The subhead of an extensive article (entitled 'Lies of the Mind') appearing in the November 23, 1993 issue of *Time* magazine told readers that repressed memory therapy is '...devastating families and intensifying a backlash against mental health practitioners...'

"Representatives of the Foundation have approached at least one state psychology licensing board (in Ohio) and asked the board to develop and enforce standards for therapists about memory recovery. The Ohio board declined to do so following a discussion with psychologists in the state..."

(We have received no response to our query whether this declination is to be understood as a good or bad example of professional behavior.)

Bearing Witness to the Patriarchal Revictimization of Survivors

Connie M. Kristiansen, Ph.D.

SWAP, Vol 20, No 2, Canadian Psychological Association

"Dr. Lief's presentation, 'True and False Accusations by Adult Survivors of Childhood Sex Abuse,' pertained to False Memory Syndrome, a nosologically unrecognized term referring to an unestablished phenomenon whereby an unknown number of incompetent therapists, of whom Freud is apparently representative, supposedly 'implant' erroneous memories of childhood abuse into the vacuous minds of an unspecified number of their unsuspecting, fantasy-prone, suggestible, usually female, clients.

"Me [sic], four graduate students, a journalism student and a member of Ottawa's Women's Place went to McGill and MGH to listen and learn. And we heard a lot and we learned a lot. But not what we expected. And that's why we spoke a lot, usually in panicked desperation, gasping for what little air there was in a room stifled by ignorance..."

"At McGill, Dr. Lief didn't stand a chance. He was drowned out, reduced to a whisper, by the jeering, whistling, coughing, shouts and rattling noisemakers of survivors... 'False Memory is False Syndrome!' These words ricocheted from one person to another, back and forth across the hallowed hall of knowledge. 'He's protecting abusers!'

"So that was the McGill non-talk. And the seven of us walked back to our hotel-apartment, welcoming the cleansing of the evening's drizzle. Overwhelmed. Astonished. Shocked. But then we laughed and talked a lot. We watched

Cardinal Bernardin's Ordeal*The Washington Post*, Editorial, March 2, 1994

"The case is bound to heighten the debate over the legitimacy of techniques that claim to produce the recollection of allegedly repressed events. No doubt some individuals who suffered abuse as children do repress and later recall these memories. But many psychologists have argued that the recall techniques now used can implant 'false memories' that are later 'remembered' as the truth."

Cardinal Bernardin's Ordeal*Boston Globe*, Editorial, March 2, 1994

"Mental health professionals should become better gatekeepers of searing tales, working harder to sort truth from fiction. The same must be said for journalists. Cable News Network was irresponsible in showcasing Cook immediately after he filed suit. The network, and newspapers that ran the story on their front pages, including *The Boston Globe*, lent credence to one man's charges, smearing another."

How to Remove A Smear?*Akron Beacon Journal*, Editorial, March 2, 1994

"The best that can be hoped for from this sorry incident is that expert advisers to victims of remembered abuse would take extra time to check the evidence on which reputations will be nailed, and that the media, in haste to publish salacious charges, not be made tools for such abuse."

The Cardinal's Exoneration*Salt Lake Tribune*, Editorial, March 8, 1994

"Moreover, if accusations too thinly developed from the always inexact probing of the human subconscious are now more uniformly resisted, so much the better. Also, a healthy suspicion of the procedure can substantially protect those accused by it until alleged guilt is fully, formally proven."

"But the larger issues raised by this case—the cavalier diagnosis of childhood sexual abuse, the misuse of consultants, and the unregulated use of unorthodox therapeutic techniques—remain unaddressed."

Eileen McNamara March 13, 1994

"Breakdown: A Harvard medical student, his psychiatrist, and a tale of therapy gone haywire" *Boston Globe Magazine*

The Sickening Politics of Child Abuse*The News*, Thomas Sowell, March 14, 1994

"There is nothing so bad that politics cannot make it worse. Child abuse is one of the most sickening things anyone can do. But child abuse plus politics is worse. On one side, there is the politics of hysteria, in which an accusation is as good as a conviction..."

"There may be 100 people who will remember the charges for every one who will remember the recantation. Charges without any basis in memory have become a growing social phenomena, as some crusading psychoanalysts assert that the fact the child (or adult) remembers nothing is evidence of how traumatic the experience must have been."

Truth Won Out for Cardinal Bernardin*Minneapolis Tribune*, Andrew Greeley, March 11, 1994

"Yet innocent men and women can be and have been destroyed by the same dangerous combination of publicity-

hungry lawyers and story-hungry journalists....Adversary law and the adversary media, especially in cooperation with one another, are a dangerous combination. Neither lawyers nor journalists are capable of worry about the reputation of the falsely accused or about the possibility that some accusations might well be false. Those who worry about the ethics of the country, to say nothing of the consumers of the national media, are unconcerned about the reputations of the falsely accused. If you're a celebrity, you're fair game. There seems to be no impulse to recoil in horror from our national disease of bearing false witness against our neighbor...I was appalled when some members of the 'victim community' automatically assumed the cardinal was guilty simply because charges were made. They, too, must come to realize that because some allegations are true it does not follow that all allegations are true. The abuse of one kind of innocence does not justify the abuse of another kind of innocence."

Unsuitable Cases for Treatment*The Guardian*, Madeline Bunting, February 23, 1994

"To win public confidence, the profession is beginning, belatedly, to recognize that it needs to put its stall in order."

"First, it must develop ways of assessing the value of therapies... Most therapies' record for assessing or evaluating its methods is abysmal—cognitive behavioural therapy being an honourable exception."

"Second, it urgently needs to enforce a single system of registration, accreditation and a code of ethics."

"For too long, therapists have put themselves beyond the reach of public criticism. They have charged massive fees from people in great emotional distress. Sometimes they are astonishingly effective, at other times their intervention has proved catastrophic. What doctor or lawyer can get away with the latter? As

Weldon rightly says they have claimed the status and the money of a profession without its penalties."

Cost of Violence*The Mail on Sunday*, January 16, 1994

According to the Criminal Injuries Compensation Board in England, it makes payments of sixteen million pounds a year to victims of sexual abuse purely on the basis of social workers' reports. Many beneficiaries who are given an average of 10,000 pounds are adults whose ordeal happened years ago. Compensation does not depend on a conviction. Indeed, the article noted, "payouts are often in cases where alleged attackers were acquitted. Figures for 1992 show that of 6,822 crime victims paid, 2,881 were victims of sexual assault of whom 1,661 were victims of sexual assault in the family." By contrast most adult victims of muggings and assault receive just a few hundred pounds.

"Most claims are made by local social services departments on behalf of victims and are decided on the basis of paperwork only. Supporters of the system say children are spared the ordeal of facing their abusers in court — but many fear insufficient supervision of the money once it is paid."

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Transcribed from the CBC, Nov 8, 1993, *The Fifth Estate*.

Screen shows Colin Ross speaking: It's a pseudo-debate, it's all political and what it's all basically about is people don't want to hear about child-abuse, and don't want to talk about it and don't want their patients to talk about it.

Screen shows a title page: "CIA MIND CONTROL, Colin Ross, M.D." with voiceover: According to a book-proposal by Dr Ross and obtained by *The Fifth Estate*, he's a doctor who listens to his patients. Ross thinks he's uncovered a government plot going all the way back to the '40's. It seems some of his patients are starting to believe their MPD was implanted by the CIA. Their doctor has been helping them remember just how it was done.

Screen shows Ross speaking: They're taken to special training centers where these different techniques like sensory isolation, deprivation, flotation tanks, hypnosis, various memorization tasks, virtual-reality goggles, hallucogenic drugs, and so on, are used on them to try and deliberately create more alternate personalities that can hold information.

Screen shows manuscript being thumbed through with voiceover: Dr Ross thinks his discovery explains some of the criticism against the MPD movement. He thinks the CIA and others could be out to discredit them all.

Screen shows back of Interviewer with Ross speaking:...and if the dissociative disorders movement is starting to uncover some of the mind-control experimentation that was done, that's hidden in the alternate personalities in the background, naturally they wouldn't be enthusiastic about that happening. So it would be necessary to have some sort of political strategy in place to counter that.

Voiceover: which would be?

Ross: It's all created in therapy, it's fantasy, it's not real, it's hypnosis.

WHAT THEY'RE SAYING ABOUT US IN PROFESSIONAL PUBLICATIONS

Editorial

Psychology of Women, Winter 1994
American Psychological Association

"A third development is the coalescing of psychologists and the legal community against therapists who treat survivors of sexual abuse who recover memories. In the November, 1993 ABA (American Bar Association) Journal (*Buried memories, shattered lives*, pp 70-73) Elizabeth Loftus and Laura Rosenwald argue in favor of malpractice and negligence actions against therapists as 'quality control tools for recovered memory therapy.' Who stands to benefit from this tool kit? Besides lawyers, psychologists can earn a fortune testifying on each side; but as with many other legal situations, the older male (defendant) is likely to hold the larger purse.

"Throughout this debate there are strong threads of antifeminism and sexism. The older Freyds refer often to lesbian cults. Recovered memories are likened to repression, and women who remember them are tainted with a

charge of hysteria—the November 29, 1993 cover of *Time* asks, "Is Freud Dead?" Loftus and Rosenwald underline the gendered nature of this concern with reference to "wars between father and daughter, niece and uncle..."

(We received no response to our request for a single instance when we have referred to lesbians, in or out of cults.)

False and Repressed Memories Gain Media Spotlight

Paul Herndon

Practitioner, American Psychological Association

February 1994

"The broadcast media does not appear to be the sole culprit. The subhead of an extensive article (entitled 'Lies of the Mind') appearing in the November 23, 1993 issue of *Time* magazine told readers that repressed memory therapy is '...devastating families and intensifying a backlash against mental health practitioners...'

"Representatives of the Foundation have approached at least one state psychology licensing board (in Ohio) and asked the board to develop and enforce standards for therapists about memory recovery. The Ohio board declined to do so following a discussion with psychologists in the state..."

(We have received no response to our query whether this declination is to be understood as a good or bad example of professional behavior.)

Bearing Witness to the Patriarchal Revictimization of Survivors

Connie M. Kristiansen, Ph.D.

SWAP, Vol 20, No 2, Canadian Psychological Association

"Dr. Lief's presentation, 'True and False Accusations by Adult Survivors of Childhood Sex Abuse,' pertained to False Memory Syndrome, a nosologically unrecognized term referring to an unestablished phenomenon whereby an unknown number of incompetent therapists, of whom Freud is apparently representative, supposedly 'implant' erroneous memories of childhood abuse into the vacuous minds of an unspecified number of their unsuspecting, fantasy-prone, suggestible, usually female, clients.

"Me [sic], four graduate students, a journalism student and a member of Ottawa's Women's Place went to McGill and MGH to listen and learn. And we heard a lot and we learned a lot. But not what we expected. And that's why we spoke a lot, usually in panicked desperation, gasping for what little air there was in a room stifled by ignorance..."

"At McGill, Dr. Lief didn't stand a chance. He was drowned out, reduced to a whisper, by the jeering, whistling, coughing, shouts and rattling noisemakers of survivors... 'False Memory is False Syndrome!' These words ricocheted from one person to another, back and forth across the hallowed hall of knowledge. 'He's protecting abusers!'

"So that was the McGill non-talk. And the seven of us walked back to our hotel-apartment, welcoming the cleansing of the evening's drizzle. Overwhelmed. Astonished. Shocked. But then we laughed and talked a lot. We watched

the news and laughed some more. We ate chips, pretzels, cheese and grapes, and we had a few drinks too.

"Friday morning—three hours sleep. Seven women, one bathroom. Beautiful laughing, moaning and groaning. Coffee on the brew. Tea in a frying pan. Orange juice. Croissants. Diet Coke for one true addict..."

"That's the main lesson I learned from Dr. Lief. You see, on Remembrance Day 1992, I was trying to bear the pain of a needle jolting into my shoulder. I was getting a tattoo to ensure I never forgot the horrific, systemic violence against women and children. It's a small heart, encased within a thundercloud, crying tears of blood as it's ripped open by a patriarchal dagger. Now, on Remembrance Day 1993, I realize that the tattoo was unnecessary."

(We have received no response to our query whether this is to be understood as an example of proper professional behavior at public meetings.)

From the President's Desk

Newsletter of the American Society of Clinical Hypnosis
Dabney Ewin, M.D., February, 1994

"The False Memory Syndrome Foundation continues to sue therapists involved in suits alleging recovered memories of childhood sexual abuse."

(Dr. Ewin did respond to our letter informing him that FMSF has never been involved in any lawsuit. He said he will print a correction. He did not tell us who so misinformed him.)

False Memory Syndrome: Can We forget About it Yet?

Rosemary Moskal

Psychologists Association of Alberta, January 15, 1994

"Perhaps the greatest danger we face in light of this new and troubling psychological phenomenon which began in the United States and is now starting to make in-roads into Canada, is the undermining of the legitimate therapeutic process for which psychologists are trained. What will happen to us specifically, and our profession in general, if we do not stand in a united front against this strong attack on our professional credibility? It is obvious that the media loves to play 'experts' against each other."

Remembering Past Trauma is Possible

Carol Waterloo

McKeesport Daily News, March 11, 1994

"Whitfield [Charles Whitfield, M.D. author of 'Healing the Child Within'] stressed that there is 'no such syndrome as 'false memory syndrome.' It's a name coined by the False

"Are You Ready to Remember Your Childhood?"

If you have 'blank spots' in your childhood memories, if you're puzzled by your 'strange' responses to certain situations, if you're continually frustrated in achieving certain goals, if you remember some abuse but suspect there's more, you may hold buried memories that need to surface and be healed."

"Open Exchange" March/April, 1994 p 68
Advertisement for Certified Hypnotherapist.

Memory Syndrome Foundation.

"Referring to statistics, he said, 'Two percent of the people in the FMS debate are innocent. Untrue memories of abuse can happen. But that leaves 98 percent of the accused who did do it. The emphasis should be on them and not on the two percent.'

"Each year, some 4,000 therapists in the U.S. are sued for planting false memories of sexual abuse in their clients. In most cases, he said the charges are filed by the accused and less often by the patient (who has retracted their claim)."

(We received no response to our query on such lawsuits. The Ramona case now in progress is, to our knowledge, the only case brought by the accused.)

False Memory Syndrome

Susan M. Vella

National, Canadian Bar Association

January/February 1994

"FMS has not yet been accepted as a defense to criminal charges, but that is certainly a Foundation goal. A second ambition is to silence those therapists who the Foundation claims are abusing the legal system..."

"Interestingly, the Foundation's stereotype of a likely victim of false memory syndrome is exclusively female. This gender-biased stereotype is reminiscent of a former stereotype which used to inform our evidentiary rules requiring corroborative evidence in childhood sexual assault cases..."

(We received no response to our query on the "exclusively female" stereotype. The ratio of female to male victims parallels the ratio of those entering psychotherapy.)

President's Message

Carolyn C. Battle, Ph.D.

Maryland Psychologist, January/February 1994, 3(39)

"What is the 'repressed memory' controversy? Adults in psychotherapy recall experiences of child abuse which may have been repressed for some period of time; then confront the abusing parent. The parent (or grandparent or other relative) denies the abuse, then attacks the credibility of the patient and blames the memory on the therapy and the therapist."

False Prophets of The False Memory Syndrome

Cavalcade Productions, Inc. 1993

Bessel van der Kolk, M.D.: "There is no such thing as a false memory syndrome. It doesn't exist. A syndrome is something that people have written up as a number of things that co-exist with each other. To my knowledge no-

"Her master's degree in movement and dance therapy enables her to encourage the members of STRIVE to understand the effects of the trauma from child abuse."

March 1994

LaGazette: A feminist forum for the central coast

body has ever done a piece of research that shows there is such a syndrome called false memory related to anything but abuse and non-abuse. I don't know what people talk about when they talk about false memory syndrome." David McCulley: "The false memory syndrome then is merely a catch phrase designed to manipulate the media and attract support from accused perpetrators."

(When our office pointed out to Mr. McCulley that he had referred to people as "accused perpetrators" he said that wasn't the same as referring to them as "perpetrators." Indeed.)

WHAT THEY'RE SAYING IN THE REST OF THE MEDIA

Faith in Justice Upheld
The Cincinnati Post,

Editorial, March 2, 1994

"Ten or 20 years ago, such a suit would probably never have been filed—the evidence would have been regarded as too flimsy, the allegations raised too long after the incident allegedly happened. Even in this jaded age, even in light of the all-too-real examples of sexual abuse by priests, we wonder how Cook's lawyers could have seen fit to name Bernardin a defendant on the basis of the evidence apparently available to them."

Abused Memories
Detroit Free Press, Editorial,
March 2, 1994

"But as the Bernardin case suggests, false accusations arising from false memories can damage the lives and reputations of innocent people, too. The compassion and credibility we properly extend to those who claim abuse long ago still must be balanced with a reasonable degree of skepticism."

Bernardin's Cross Lifted
Chicago Tribune, Editorial,

March 2, 1994

"Thanks also to some good lawyering and to Rule 11, a provision of the Federal Rules of Civil Procedure that appears to have had more than a little to do with the decision of Cook and his lawyers to drop the case against Bernardin. Rule 11 allows a 'federal judge to levy financial penalties against lawyers who bring frivolous or insupportable law-

suits.

"Less auspiciously, the travesty of Steven Cook's 'repressed memory' of abuse inevitably will foster skepticism about all such claims—meaning that some victims will be victimized yet again."

Dubious 'Memories'

Eugene Oregon Register-Guard, Editorial, March 4, 1994

"Despite the principle of presumed innocence, an accusation of wrongdoing imposes a heavy penalty. Even if the accusations are disproved or withdrawn, they can't easily be erased. That's the troubling thing about allegations, often serious ones involving sexual abuse, based on so-called 'recovered memory.' Accusations drawn from such memories often prove to be unfounded, undermining the credibility of charges based on better evidence."

Old, Cruel Memories

St. Petersburg Times, Editorial, March, 1994

"Courses of treatment once accepted as legitimate are increasingly regarded with reservations by reputable researchers. The public and the news media would do well to adopt a healthy skepticism, too. Repressed memories without corroboration should not carry the weight of evidence, and never should they cost a man his dignity or his reputation."

Cardinal Bernardin's Ordeal

New York Post, Editorial,
March 3, 1994

"Cardinal Bernardin was the innocent victim of what can best be described as a witch hunt. We're glad his ordeal is over, and wish only that a measure of skepticism had greeted the original accusations against him."

Memories May be Recovered; Good Names Can't

Newsday, Editorial,
March 2, 1994

"But no victim can justify the moral arrogance of victimizing someone else without solid proof, armed only with self-righteousness and that most fallible of instruments, memory."

False Memories Falsely Accuse

Oregonian, Editorial, March 7, 1994

"Memory can do more than play tricks. It can rob any of us of our good names, our peace of mind and a large part of our lives."

"It used to be stylish for therapists to help people blame their lives on their mothers or on their wives—whoever loved them too possessively. Lately, the style has been to blame everything on fathers, husbands, or men in general—whoever failed to love them enough. There are therapists who are expert at finding errors made by parents and grant the now-grown children the right to consider themselves adult children of imperfect parenting. People who center their lives around blaming their parents aren't free to be adults and parents themselves. This blaming of others may relieve pain briefly, but it is not therapeutic; it does not lead to empowerment or control over one's life and behavior.

"If people can't remember being victimized, some therapists specialize in uncovering forgotten abuse of various sorts. Forgotten incest is especially popular. I don't know whether it does more harm to forget abuse or to remember it, but I'm sure that much of the incest gradually remembered in therapy or under hypnosis is a dutiful fabrication of dependent people trying to please a victimizing therapist.

"If your therapist seems to give a great deal more weight to your feelings than to the feelings of the people who share your life, you may have to keep your attention focused on how you might be affecting them rather than just on how they are affecting you. You may even need to remind your therapist that acting on your impulses may not necessarily be good for your loved ones."

Frank Pittman III, M.D., *The Blaming Blight*
Psychology Today Jan/Feb 1994

"A Buyer's Guide to Psychotherapy"

Cardinal Bernardin's Ordeal*The Washington Post*, Editorial, March 2, 1994

"The case is bound to heighten the debate over the legitimacy of techniques that claim to produce the recollection of allegedly repressed events. No doubt some individuals who suffered abuse as children do repress and later recall these memories. But many psychologists have argued that the recall techniques now used can implant 'false memories' that are later 'remembered' as the truth."

Cardinal Bernardin's Ordeal*Boston Globe*, Editorial, March 2, 1994

"Mental health professionals should become better gatekeepers of searing tales, working harder to sort truth from fiction. The same must be said for journalists. Cable News Network was irresponsible in showcasing Cook immediately after he filed suit. The network, and newspapers that ran the story on their front pages, including *The Boston Globe*, lent credence to one man's charges, smearing another."

How to Remove A Smear?*Akron Beacon Journal*, Editorial, March 2, 1994

"The best that can be hoped for from this sorry incident is that expert advisers to victims of remembered abuse would take extra time to check the evidence on which reputations will be nailed, and that the media, in haste to publish salacious charges, not be made tools for such abuse."

The Cardinal's Exoneration*Salt Lake Tribune*, Editorial, March 8, 1994

"Moreover, if accusations too thinly developed from the always inexact probing of the human subconscious are now more uniformly resisted, so much the better. Also, a healthy suspicion of the procedure can substantially protect those accused by it until alleged guilt is fully, formally proven."

"But the larger issues raised by this case—the cavalier diagnosis of childhood sexual abuse, the misuse of consultants, and the unregulated use of unorthodox therapeutic techniques—remain unaddressed."

Eileen McNamara March 13, 1994

"Breakdown: A Harvard medical student, his psychiatrist, and a tale of therapy gone haywire" *Boston Globe Magazine*

The Sickening Politics of Child Abuse*The News*, Thomas Sowell, March 14, 1994

"There is nothing so bad that politics cannot make it worse. Child abuse is one of the most sickening things anyone can do. But child abuse plus politics is worse. On one side, there is the politics of hysteria, in which an accusation is as good as a conviction..."

"There may be 100 people who will remember the charges for every one who will remember the recantation. Charges without any basis in memory have become a growing social phenomena, as some crusading psychoanalysts assert that the fact the child (or adult) remembers nothing is evidence of how traumatic the experience must have been."

Truth Won Out for Cardinal Bernardin*Minneapolis Tribune*, Andrew Greeley, March 11, 1994

"Yet innocent men and women can be and have been destroyed by the same dangerous combination of publicity-

hungry lawyers and story-hungry journalists....Adversary law and the adversary media, especially in cooperation with one another, are a dangerous combination. Neither lawyers nor journalists are capable of worry about the reputation of the falsely accused or about the possibility that some accusations might well be false. Those who worry about the ethics of the country, to say nothing of the consumers of the national media, are unconcerned about the reputations of the falsely accused. If you're a celebrity, you're fair game. There seems to be no impulse to recoil in horror from our national disease of bearing false witness against our neighbor...I was appalled when some members of the 'victim community' automatically assumed the cardinal was guilty simply because charges were made. They, too, must come to realize that because some allegations are true it does not follow that all allegations are true. The abuse of one kind of innocence does not justify the abuse of another kind of innocence."

Unsuitable Cases for Treatment*The Guardian*, Madeline Bunting, February 23, 1994

"To win public confidence, the profession is beginning, belatedly, to recognize that it needs to put its stall in order."

•First, it must develop ways of assessing the value of therapies... Most therapies' record for assessing or evaluating its methods is abysmal—cognitive behavioural therapy being an honourable exception.

•Second, it urgently needs to enforce a single system of registration, accreditation and a code of ethics.

"For too long, therapists have put themselves beyond the reach of public criticism. They have charged massive fees from people in great emotional distress. Sometimes they are astonishingly effective, at other times their intervention has proved catastrophic. What doctor or lawyer can get away with the latter? As

Weldon rightly says they have claimed the status and the money of a profession without its penalties."

Cost of Violence*The Mail on Sunday*, January 16, 1994

According to the Criminal Injuries Compensation Board in England, it makes payments of sixteen million pounds a year to victims of sexual abuse purely on the basis of social workers' reports. Many beneficiaries who are given an average of 10,000 pounds are adults whose ordeal happened years ago. Compensation does not depend on a conviction. Indeed, the article noted, "payouts are often in cases where alleged attackers were acquitted. Figures for 1992 show that of 6,822 crime victims paid, 2,881 were victims of sexual assault of whom 1,661 were victims of sexual assault in the family." By contrast most adult victims of muggings and assault receive just a few hundred pounds.

"Most claims are made by local social services departments on behalf of victims and are decided on the basis of paperwork only. Supporters of the system say children are spared the ordeal of facing their abusers in court -- but many fear insufficient supervision of the money once it is paid."

QUESTIONS AND ANSWERS MORE ON MULTIPLE PERSONALITY DISORDER August Piper Jr., M.D.

Two items today about multiple personality disorder. I hope both will stimulate the inquiring minds of this newsletter's readers!

The first is from Connecticut, where a reader noticed a newspaper article and was kind enough to bring it to my attention. It says in part

If someone has multiple personality disorder, it's not unethical to assume there was abuse, because it's known that this disorder occurs only when there is early, severe abuse.

This notion has been indirectly encouraged by the major contributors to the MPD literature. These writers certainly do not come right out and say baldly that "abuse causes MPD." Instead, they say that the condition is "a response to," "arises from," "is linked to," or "is an outcome of" childhood maltreatment.

The notion is appealing. It is also badly flawed. Why? First, claiming that MPD occurs only as a result of trauma is like arguing that because stress can cause insomnia, anyone having trouble sleeping must have been under severe pressure, and that such pressure causes every case of insomnia. Such logic ignores other potential explanations for the sleeplessness (like the springtime midnight beer bash and heavy-metal party at the frat house next door).

The studies written by the proponents of MPD, claiming to show a link between this condition and childhood sexual abuse, suffer from this defect: they fail to consider other aspects of the child's life that contribute to the difficulties he or she has as an adult. These aspects—for example, absence of one parent from the child's home for extended times, poverty, or parental discord—also contribute heavily to later problems developed by these individuals.

I wish to be clear: abuse of children is reprehensible. However, to overstate its importance as a contribution to later problems in life offends the spirit of scholarship and learning. A recent British Journal of Psychiatry study (163:721-732, 1993) concludes that

The overlap between the possible effects of sexual abuse and the effects of the matrix of disadvantage from which it so often emerges were...so considerable as to raise doubts about how often, in practice, [the abuse] operates as an independent causal element.

The authors of the study also warn that

To insist on a process of recalling and reliving...an experience of abuse that a woman has consigned to the past may be damagingly meddlesome.

There is another problem with the idea expressed in the newspaper article. The leading proponents of MPD almost invariably approach the subject of mistreatment of children simplistically. Their writings give the impression that "child abuse" is some kind of single, unitary phenomenon leading more or less inevitably to adverse consequences later in life.

In contrast, the broader scientific literature recognizes that abuse of children is an enormously complicated subject, one that does not reduce well to simple analysis. For example, merely defining "childhood sexual abuse" is difficult. What age limits are set for childhood? Does the term include or exclude sexual contacts between people of approximately the same age? Another example: the effects of sexual abuse of children differ, depending on a multitude of factors—the child's age at the time, whether the abuser was a caretaker or not, what the parents' reaction was, whether force was used, whether the abuse was (mis)perceived by the child as an act of caring, the frequency of the behavior, and many others.

The third problem with the idea in the newspaper is that the authors of the papers on MPD and sexual abuse almost never take the elementary step of verifying that the assumed abuse actually happened. This is obviously loose scholarship.

A final difficulty with the notion expressed in the newspaper: the connection between MPD and abuse is an unproven speculation. Whether MPD is a discrete condition, or simply a collection of symptoms having no intrinsic relationship to each other, is unclear and controversial. Therefore, in view of the amount of knowledge currently available about MPD, sweeping pronouncements about the cause or causes of the condition are simply premature. Reserve, restraint, and tentativeness should be the current watchwords!

The second item has to do with the cost of treating MPD.

I read that there was a paper written somewhere that said multiple personality disorder patients get better quickly if they are treated in the right way. That isn't happening with my sister. They have been treating her for years and she's not any better. Her treatment is costing a lot of money. My mom thinks she's worse. Do you have any ideas about what's wrong?

Gina

Without seeing your sister, Gina, I obviously couldn't say what's wrong. However, I can tell you that, contrary to what is so often written about MPD, the published information on how quickly patients improve when they are treated for MPD deserves a healthy dose of skepticism. Example: about a year ago, The American Journal of Psychotherapy (47:103-112, 1993) published a paper in which the authors compared treatment costs before and after the diagnosis of MPD was made. They concluded that treating MPD might be the most cost-effective mental health intervention known. There was just one problem with this conclusion—it was not well supported by the data. For example, overall treatment costs doubled after the diagnosis was reached, mostly because patients used the hospital much more after finding out they had MPD.

I personally know of several patients who have repeatedly spent one or two months or more at a time, several times a year, in the hospital for treatment of this condition. A young woman I recently evaluated told me her mother was in an MPD specialty inpatient unit in another state. At the time of the evaluation, the mother had been there con-

tinuously for over four months—with no indication that she would be leaving any time soon. Two months ago, a patient's father told me that his daughter's therapy had cost \$300,000 over the last five years; just this week, an anguished member of the FMSF wrote, saying that in four years, his daughter had spent about three quarters of a million dollars on MPD therapy. The result? "Her original complaint of depression has been exacerbated by her treatment and her overall condition seems to have worsened rather than...improved."

In other words, Gina, what is happening to your sister appears to be happening in other places, too. Where will it end?

August Piper Jr. M.D. is a psychiatrist in private practice in Seattle, Washington. He is a member of the FMSF Scientific and Professional Advisory Board. He has written a paper discussing the costs of treating MPD that will appear in a 1994 issue of The American Journal of Psychotherapy.

Proof of Abuse: State of the Art?

REPORT FROM ONE MOTHER

Part 1

"We talked with our daughter's therapist (license # ...) and she said that while she knew she could be sued for suggesting Sexual Abuse, nonetheless, she was convinced that my daughter had been Sexually Abused—and while she did not believe in Hypnosis, she did use "healing prayers" where the patient went into a sort of trance—and it was the information that came out during one of these "healing prayers" that had been the basis of her conclusion..."

"Finally, I said—I'm sorry, I cannot accept any of this.. and the therapist cut me off and said, 'You can't say that—you can't say that you don't accept this because that invalidates your daughter's feelings!' So, I said, 'explain to me how I can disagree with what is being said, speak the truth as I know it and not invalidate my daughter's feelings—tell me how to do that!!' And she replied, 'You have to frame your answers in a way that she can accept!'"

Part 2 Our daughter agreed to have a second opinion. This is the report dated February 4, 1994 from Therapist #2, license #...

"I spent approximately 3-1/2 hours (in two sessions and one telephone conversation) with your daughter. Within that time she completed three checklists 1) Whitfield's Core Issues of a Person Raised in a Dysfunctional Family 2) Blume's The Incest Survivors' Aftereffects Checklist and 3) Fredrickson's Symptom Checklist for Repressed Memories. Also your daughter gave me her personal journals from the years 1991 through 1993 and a manilla file folder which contained more notes and letters from those years...Below are the reasons for my conclusion that the memories are valid...I used Fredrickson's compilation of factors.

- No corroborating data
- Little evidence of sympathy seeking behavior
- Presence of crippling disbelief. She fluctuates between believing and disbelieving the memories which is common in a person recovering repressed memories.
- No evidence of lying. "If you are confused or unsure, you are not lying."

"Your daughter did not think that her therapist was leading her... When the therapist did "healing prayer" it seems the therapist did not ask any leading questions."

Our reporting mother asked us, "How could anyone ever fail to be diagnosed as a victim of incest with these checklists and reasoning? Disbelieving the memories is proof that they are true!"

(Editors note: Fredrickson's Check List mentioned above was printed in February. The Blume list which was also used by the therapist mentioned above follows.)

The Incest Survivors' Aftereffects Checklist

by E. Sue Blume

Do you find many characteristics of yourself on this list? If so you could be a survivor of incest.

1. Fear of being alone in the dark, of sleeping alone; nightmares, night terrors (especially of pursuit, threat, entrapment).
2. Swallowing and gagging sensitivity; repugnance to water on one's face when bathing or swimming (suffocation feeling).
3. Alienation from the body — not at home in own body; failure to heed body signals or take care of one's body; poor body image; manipulation of body size to avoid sexual attention.
4. Gastrointestinal problems; gynecological disorders (including spontaneous vaginal infections); headaches; arthritis or joint pain.
5. Wearing a lot of clothing, even in summer; baggy clothes; failure to remove clothing even when appropriate to do so (while swimming, bathing, sleeping); extreme requirement for privacy when using bathroom.
6. Eating disorders, drug or alcohol abuse (or total abstinence); other addictions; compulsive behaviors.
7. Self-destructiveness; skin carving, self-abuse.
8. Phobias.
9. Need to be invisible, perfect or perfectly bad.
10. Suicidal thoughts, attempts, obsession (including "passive suicide").
11. Depression (sometimes paralyzing); seemingly baseless crying.
12. Anger issues; inability to recognize, own, or express anger, fear of actual or imagined rage; constant anger; intense hostility toward entire gender or ethnic group of the perpetrator.
13. Splitting (depersonalization); going into shock, shutdown in crisis; psychic numbing; physical pain or numbness associated with a particular memory emotion (e.g., anger), or situation (e.g., sex).
14. Rigid control of one's thought process; humorlessness or extreme solemnity.
15. Childhood hiding, hanging on, cowering in corner (security-seeking behaviors); adult nervousness over being watched or surprised; feeling watched; startle response.
16. Trust issues: inability to trust (trust is not safe); total trust; trusting indiscriminately.
17. High risk taking ("daring the fates"); inability to take risks.
18. Boundary issues; control power, territoriality issues; fear of losing control; obsessive/compulsive behaviors (attempts to control things that don't matter, just to control something).
19. Guilt, shame; low self-esteem, feeling worthless; high appreciation of small favors by others.
20. Pattern of being a victim (victimizing oneself after being victimized by others), especially sexually; no sense of own power or right to set limits or say no; pattern of relationships with much older persons (onset in adolescence).
21. Feeling demand to "produce and be loved"; instinctively knowing and doing what the other person needs or wants; relationships mean big trade-offs (love was taken, not given).
22. Abandonment issues.
23. Blocking out some period of early years (especially 1-12), or a specific person or place.
24. Feeling of carrying an awful secret; urge to tell, fear of its being revealed; certainty that no one will listen; being generally secretive; feeling "marked" ("the scarlet letter").
25. Feeling crazy; feeling different; feeling oneself to be unreal and ev-

- Presence of the repressed memory syndrome
- Story matches depth of pain and symptoms
- She responded in the affirmative to all 15 of Whitfield's Core Issues.
- Supplied inconsequential detail

everyone else to be real, or vice versa; creating fantasy worlds, relationships, or identities (especially for women: imagining or wishing self to be male, i.e., not a victim).

26. Denial: no awareness at all; repression of memories; pretending; minimizing ("it wasn't that bad"); having dreams or memories ("maybe it's my imagination"); strong deep, "inappropriate" negative reactions to person, place or event; "sensory flashes" (a light, a place, a physical feeling) without a sense of their meaning; remembering the surroundings but not the event.

27. Sexual issues: sex feels "dirty"; aversion to being touched, especially in gynecological exam; strong aversion to (or need for) particular sex acts; feeling betrayed by one's body; trouble integrating sexuality and emotionality; confusion or overlapping of affection, sex dominance, aggression, and violence; having to pursue power in sexual arena which is actually sexual acting out (self-abuse and manipulation, especially among women; abuse of others, especially among men); compulsively "seductive" or compulsively asexual; must be sexual aggressor or cannot be; impersonal, "promiscuous" sex with strangers concurrent with inability to have sex in intimate relationship (conflict between sex and caring); prostitute, stripper, "sex symbol," porn actress; sexual acting out to meet anger or revenge needs; "sexaholism"; avoidance; shutdown; crying after orgasm; all pursuit feels like violation; sexualizing of meaningful relationships; erotic response of abuse or anger, sexual fantasies of dominance or rape (Note: Homosexuality is not an aftereffect).

28. Pattern of ambivalent or intensely conflictive relationships (intimacy is a problem; also focus shifted from incest issue).

29. Avoidance of mirrors (connected with invisibility, shame/self-esteem issues, distrust of perceived body image).

30. Desire to change one's name (to disassociate from the perpetrator or to take control through self-labeling).

31. Limited tolerance for happiness; active withdrawal from happiness, reluctance to trust happiness ("ice-thin").

32. Aversion to making noise (including during sex, crying, laughing, or other body function); verbal hypervigilance (careful monitoring of one's words); quiet-voiced, especially when needing to be heard.

33. Stealing (adults); stealing and starting fires (children).

34. Multiple personality.

Paying for Therapy: State of the Art?

REPORT FROM ONE FATHER

August 1992

Dear Mr. and Mrs. Blank:

Your child has retained me to represent her for the sexual and physical assaults perpetrated on her by Mr. Blank when she was a minor. She has suggested that we attempt to settle this matter outside the legal arena, although she is prepared to file a lawsuit if necessary. She has been severely emotionally damaged by the abuse of Mr. Blank and Ms. Blank's ignoring the above.

At this time, prior to filing a lawsuit, we are prepared to settle the case to \$250,000.00. If we do file the lawsuit, we will ask for and expect to be awarded substantially more money.

This offer to settle the case will remain open until September. If I do not hear from you or your attorney by that date, I will presume that you have no interest in settling this matter without litigation and I will file the original of the enclosed complaint in Superior Court.

Yours sincerely,
Your daughter's lawyer

The lawyer who prepared the above letter also prepared a 4-sheet handout of legal information for women that is distributed by a Woman's Law Center. The advice includes the following:

- "Although money never makes up for the damages suffered, it can be used to pay for therapy and other "wants" of the injured person.

- "Often a civil action is very therapeutic, and makes the survivor feel better and more powerful"

- "Sometimes another person or organization is responsible for the offender's behavior or access to the victim, or has a duty to protect the victim from harm. Additional defendants can include apartment owners, hotels, schools, churches, day care centers, babysitters, employers, organizations for children (such as Girl Scouts, Little League organizations, camps) or the State (for placement of a child in an abusive foster home or allowing a dangerous criminal to be in society.)"...

- "It may be true you don't have a case or that the case does not make economic sense. Before taking "no" for an answer, get a second and maybe a third opinion from other lawyers."

LEGAL CORNER

We are pleased to note that the "Legal Corner" will be a regular feature of the FMSF Newsletter. If you have questions or concerns to be answered in the Newsletter, please send them to Legal Corner, care of James Simons at FMSF.

Filing Complaints

James Simons, J.D.
Practicing Attorney

People who have experienced the devastation that a false accusation can inflict should be particularly sensitive to the serious consequences that filing a complaint may have to a professional. A complaint is a very serious action. Yet filing a complaint is also an obligation if there is reason to believe that a professional violated the code of ethics or standard of care. It is an obligation because it alerts the monitoring agencies to an existing problem and has the potential to prevent harm.

State licensing, ethical oversight boards and professional monitoring committees are generally charged with ensuring that mental health professionals meet minimum standards of practice, protect clients and the public from practices that violate professional ethics, and afford a means of redress for aggrieved parties.

The following practices that are associated with "memory retrieval therapy" have been questioned by both professionals and families as to whether they are sound and responsible:

- to use techniques such as hypnosis, guided imagery or deep relaxation without informing the client of the risk and dangers of suggestion;
- to ignore sound warning from research data that false memories are easily created;
- to disregard evidence that there is no reliable scientific or professional methodology by which a therapist may, without access to objective corroborating evidence, reasonably distinguish false from true memories;
- to assume that statements made under suggestive influences are true without seeking independent corroborating evidence;
- to ignore a client's past history which may be im-

portant in determining diagnosis and treatment;

- to encourage client dependency or to cross therapist-client boundaries;
- to refuse to speak to other family members even if issues raised concern them;
- to recommend that a client break family relationships.

The welfare of clients may be jeopardized by such practices. Family estrangement and false accusations of criminal acts may result from such practices. Funds may be misused by such practices.

Many families tell us that they have written to state and professional monitoring agencies seeking to open an investigation or hoping to bring attention to the effects of "memory retrieval therapy." At this point, most states will not investigate a grievance filed by a third party (someone other than the client) because therapy records are considered confidential unless a release is signed by the client. In most cases a third party is not privy to the diagnosis or treatment plan. Nevertheless, a carefully written grievance may have far-reaching educational effects. Issues of minimum knowledge and prudent practice should be of interest to a monitoring agency. Just as awareness has been heightened to the effects of cigarette smoke on people who do not themselves smoke, so may complaints increase awareness of the fact that many people may be harmfully affected by the results of "memory retrieval therapy."

Primarily a grievance may serve to alert ethical practice review boards, professional organizations and insurance carriers of a problem area. As a result, professional organizations or even insurance carriers often draft statements of minimum knowledge and skills needed for work in that area (e.g., How best to treat adults exploring their past for understanding of today's problems. How best to work with patients for whom sexual abuse is an issue). Both groups sponsor seminars and offer educational programs to mental health professionals on how to avoid similar complaints (and possibly malpractice claims). They may hold hearings or sponsor a task force to study the problem and recommend proper and prudent care standards.

Many states have licensing and/or oversight boards for professionals in each of the following areas: Therapists (e.g. family services, marriage and family counselors, drug and alcohol counselors), social workers, psychologists and psychiatrists. Each state's Department of Consumer Services has references to monitoring agencies and their jurisdiction and functions.

Filing a complaint or grievance against a mental health professional must be done in a careful and responsible manner. A false or unsubstantiated accusation can cause harm. A belief that unethical behavior took place must be examined very carefully. Many monitoring agencies publish a code of ethics. The facts as known should be examined in light of that code. Someone who is filing a complaint should state the facts as known and identify the statements as assumptions or hypotheses where appropriate. The following questions were suggested by one state review board as a guide to understanding the complaint procedure:

- What steps must be taken to file a complaint?
- On what grounds may the complaint be made?

- Must the complaint be filed on a special complaint form?
- How is the complaint reviewed by the Board?
- What kind of action can the Board take?
- Is it possible to follow-up a written complaint with a hearing?
- Is it possible to meet with members of the Board to offer additional information?
- Under what conditions is the identity of the complainant released?
- How long will the complaint review process take?
- How can one find out about the status of the complaint?
- Are there any costs associated with filing a complaint?
- Once a complaint is filed, can an individual also take legal action?
- Who is on the Review Board?

Complaints filed against a professional may have serious consequences and must be considered carefully. It is hoped that by working with state licensing and ethical oversight boards and with professional monitoring committees, the overall quality of mental health care will improve.

NEWS NOTES

Results of Filing Complaints in Colorado "Therapists Under Fire" by Bill Scanlon *Rocky Mountain News*, March 10, 1994

"Ninety complaints have been filed with the Colorado Mental Health Grievance Board, most in the past two years, says Amos Martinez, administrator for the mental health regulatory section of state. Complainants in most cases are not the clients, who generally believe they were molested, but the clients families, who do not, says Martinez. The complaints 'have become so problematic that the board empaneled a group of five Ph.Ds to study the situation.'

"Also, at least one lawsuit has been filed accusing a Colorado therapist of substandard care for implanting false memories, and more such suits appear imminent...It's the flip side to the deluge of reports in recent years of repressed memories of childhood sexual abuse. People are starting to recant their earlier accusations..

"Colorado Sen. Jim Roberts, R. Larimer County, is considering sponsoring legislation that would offer an incentive for getting a second opinion from a different therapist after memories of long-ago abuse are first resurrected...

"The grievance board dismissed all but six complaints,' Martinez says. 'When a case is dismissed the therapist in question receives a form letter stating the grievance board doesn't endorse his or her treatment.' But Martinez concedes fault is hard to prove.

"The bottom line is the board didn't know if the therapist acted appropriately,' he says."

Illinois Considers Limit on Sex Suits *New York Times*, March 27, 1994

Last year the Illinois "Legislature voted overwhelming-

ly to repeal the provision after hearing emotional testimony from child incest victims well past their 30's who argues that some victims may recall episodes of abuse only after decades of repressed memory. But since the limitation was repealed, a heated debate has erupted among psychologists and legal experts over 'restored memory,' which often involves the use of hypnosis or drugs, or both, to unlock supposedly repressed memories."

Cardinal Bernardin's experience "raised grave questions as to whether or not this General Assembly should put a mark of approval on the quality of evidence which may be at best speculative," said Senator Petka, the bill's sponsor.

Child Abuse Registers

New York Times, March 6, 1994

"A Federal appeals court in Manhattan has ruled that the standard of evidence used by New York State to place a suspect's name on its central child abuse register poses an "unacceptably high risk of error," and that many people are placed on the list who do not belong there...But it is the application of the legal standard for placing a suspect's name on the register -- 'some credible evidence' -- that is at the heart of the appeals court decision.

Ramona Trial

Chicago Tribune, March 25, 1994, Jane Adams

"Holly Ramona was a 19-year-old in the throes of an eating disorder when, under the care of two therapists, she began to remember vague images of her father sexually abusing her as a child. Now her father, Gary Ramona, is taking her therapists to court, saying that they planted false memories of sexual abuse that have caused him to lose his \$400,000-a-year executive job, his marriage and contact with his three daughters."

The lawsuit is for \$8 million. One of the issues is the fact that the daughter became convinced of her memories only after being given sodium amytal. She was told that it would provide verification. Another issue in the case is whether a therapist has a duty to a third party.

Seattle Families Picket Therapist's Office

"I know that the Foundation does not endorse picketing. But if the professional organizations and the monitoring boards will not publish standards for memory cases and will not handle our complaints, we'll take care of it ourselves," said a telephone caller. "We picketed in a shopping center and most of the people who passed by were very sympathetic. The therapist was very upset. First we got a permit from the police. We didn't want to do anything illegal."

Martensville Case Ends

Toronto Star, March 7, 1994, Donna Laframboise

Author calls for a public inquiry into the Martensville Day Care case. Claims were of satanic rituals and an organized child sex abuse ring. The arrests were big news but of the 170 charges only 15 result in convictions. Those are being appealed.

Like McMartin, Edenton, Kelly Michaels and dozens of other cases, there seems no reason to ruin so many lives.

Sure Signs of An Abusing Family

REPORT FROM A PROFESSIONAL MOM

"Sexual assault prevention training" for very young children has been introduced into the public schools in Massachusetts. In my town, the program is for first and third graders, with refresher and advanced material in sixth grade. The program, prepared in cooperation with the Sexual Assault Program of New Hope, isn't mandatory. If parents do not want their child to attend, they must sign a letter, thus identifying themselves as protesters.

I decided to attend a parents' meeting to see what it was all about. It opened with the all too familiar statistics: one in three girls is sexually assaulted during childhood, one in five boys and one in every two special needs children. The newest group of "perpetrators" is boys under twelve, with boys twelve to fourteen a close second. We were told that the largest percentage of children being ritually and cult abused are children ages one to six years.

"How many children are satanically ritually abused each year?" I asked.

"I don't know," she replied, and went on speaking.

I raised my hand again. "What percentage of all children abused are victims of satanic ritual?" I asked.

"You see me afterward," she said. "Give me your name and address so I can send you material."

The parents accepted the statistics unquestioningly. No one asked which studies had produced the figures or who had done the studies. It had been so instant and so easy to produce horror in these parents; no one was able to see past emotion to any critical thought.

"Should I send my child to a home where I don't know the family well?" a mother asked anxiously.

"No," our leader, a registered nurse, replied firmly. "Never send your child into any home where you don't know the parents extremely well, and even then, these parents may be molesters. In today's world you can never tell who may be doing this."

Another mother wrung her hands. "But it seems they're not safe anywhere!" she cried. "I can't keep them in a closet!"

"No," the leader reassured her, "but by studying our materials and talking with your child after the school training, she will be better armed to face what's out there."

I read the materials. These included: "Some common family patterns noted in Incest Cases: • Extreme over protectiveness of the child, • Extreme paternal dominance, • Family isolated from the community and support system, • History of sexual abuse for either parent, • Extreme reaction to sex education or prevention education materials being presented."

How many parents felt as I did? I thought that it was very sad that this "training," an introduction to sex for many children, will be an ugly picture. What should be introduced gently and lovingly is instead presented in a perverted view of the world as a sinister place with all adults described as suspicious characters. Is the world really this bad?

Did I say anything? Did anyone say anything? Who would dare? Anyone who protests this program is labeled as "having a common sign of family patterns noted in incest cases." A form of coercion? Absolutely!

FROM OUR READERS

American Psychiatric Association Reading List

"I noticed that some of the papers listed by the American Psychiatric Association as the sources for their December statement on memory were not published in peer-review journals. Such papers are usually not considered proper academic papers and thus beneath the notice of professionals. The trouble with too many psychiatrists is that they forget that they are physicians. In 30 years of medical writing, I never met a gastroenterologist or cardiologist or any other qualified "ist" who would grant validity to an article in *Prevention* magazine. But psychiatrists—they even recommend *The Courage to Heal* to their patients!

A Professional, A Dad

 "There is genuine child abuse and there are false accusations of abuse. They exist parallel to each other, they do not negate each other. Rather than attacking people who claim that they were falsely accused and who are automatically presumed guilty with being given any opportunity to prove their innocence, the anger should be aimed at bad therapy, the primary source of the false accusations."

A Professional, A Mom

My Sister

"On a dismal day in November, my sister checked into a motel and took an overdose of medication that had been provided to her by a medical doctor associate of her therapist—even though she was considered suicidal. Her body was discovered 24 hours later by a motel maid. My sister left behind a devastated family: a husband of many years, two young children and many other family members who loved her dearly."

A Sister

Sister-in-Law

"On Father's Day in 1992 my sister-in-law told my husband and me that she had been abused as a child by her father. We had just had a pleasant dinner celebrating Father's Day at my in-laws' house and the three of us went for a short walk when we heard the news.

"It was her therapist who put the idea into her head. My sister-in-law's second marriage was falling apart and she went to the therapist for help. The therapist told her: 'Anybody who is as mixed up as you are must have been abused as a child.' My sister-in-law believed it and showed us the book (*Courage to Heal*) as proof of the abuse. She had no memories of any abuse just a 'weird feeling.' When we asked her why she would keep visiting her father she

said he had this 'incredible hold' over her, and she had to be with him. Her mother died in 1979 and her father has since remarried.

"When we were skeptical my sister-in-law became verbally abusive, yelling and screaming. My husband and I finally went back to the house, said quick goodbyes and left. My sister-in-law, however, stayed for another couple of days.

"The relationship between us came to a stop, even though she continued to see her father who was unaware of the allegations. We just could not bring ourselves to be with both of them at the same time as long as these terrible accusations were still in the air. When we were planning a party for my father-in-laws 75th birthday in January 1994, we made it clear that we would not invite my sister-in-law to a birthday party for the man who allegedly abused her.

"Well, she phoned about a week before the party and apologized for yelling at us that Father's Day. When we asked about the abuse she finally said, 'That never happened.'"

"We did have a nice birthday party for my father-in-law, but the family will never be the same. At some time during these months, my sister-in-law had confronted her father, and he denied the charges of course. But his personality has changed. He hardly talks any more. The doctors say it might have been a small stroke.

"When I compared our story to the others in your newsletter I noticed several similarities. All the accusers have problems in their lives and a therapist finally tells them who is to

blame. The main difference in our story is that my sister-in-law never stopped seeing her father and actually pretended everything was fine. Maybe she knew all along that he was innocent. My husband and I, on the other hand, had to live for 1 1/2 years not knowing whether his father was a child molester. Back then, we had never heard of FMS and only knew that women "don't make these things up." Now, we know better but it will take a long time before our relationship with my sister-in-law will be the way it was before her allegations.

Sister-in Law

Confusing

"It is all very confusing. My other daughters have some impression that the accuser could be moving toward recantation, but that she doesn't know how. All I can do, I think, is to continue to reach out to her. And that is often difficult; my internal distress is bone deep. It was at least a year before I could turn any attention and interest to anything else. At all. I am not sure that I have the capacity to "go back" without some recantation. I'll try if the opportunity comes, but..."

A Mom

"FMS is a phenomenon, whereby, an adult child who can't remember, accuses a parent, who can't remember, of abuse that no one can remember, but a therapist who was not there, has no evidence, won't talk to the parents, and may not even have been born when these events supposedly occurred, KNOWS for sure it did."

A Mom

NOTICE

Any FMSF members who have filed a complaint with the California Board of Behavioral Science or California Board of Psychology identifying a therapist, and have not received a satisfactory reply, please get in touch with the northern California contacts. 916-961-8257

FMSF MEETINGS

**FAMILIES & PROFESSIONALS
WORKING TOGETHER**

FUTURE MEETINGS**MIDWEST REGIONAL MEETING**

**May 21-22, 1994
Michigan State University
LANSING, MI**

American Psychiatric Association**ANNUAL MEETING****PHILADELPHIA, PA****Wednesday, May 25, 1994****2-5:00 pm Seminar Speakers:**

Drs. Green, Lief, McHugh, Singer

CSICOP

Committee for the Scientific Investigation
of Claims of the Paranormal

The Psychology of Belief**June 23-26****Seattle, WA**

Carl Sagan, Robert Baker, Richard Ofshe,
Elizabeth Loftus, Stephen Ceci

UNITED STATES

Call the contact person listed for time and
location of meeting. key: (MO) = monthly

ARKANSAS**LITTLE ROCK**

Al & Lela (501) 363-4368

CALIFORNIA**CENTRAL COAST**

Carole (805) 967-8058

NORTH COUNTY ESCONDIDO

Joe & Marlene (619) 745-5518

ORANGE COUNTY (effective May 1st)

Chris & Alan (714) 733-2925

1st Sunday (MO) - 10:00 am

Jerry & Eileen (714) 494-9704

3rd Sunday (MO) - 6:00 pm

RANCHO CUCAMONGA GROUP

Marilyn (909) 985-7890

1st Monday, (MO) - 7:30 pm

SAN JOSE-SAN FRANCISCO BAY AREA

Jack & Pat (408) 425-1430

Last Saturday, Bi-Monthly

VALENCIA

Jane & Mark (805) 947-4376

4th Saturday (MO) 10:00 am

WEST ORANGE COUNTY

Carole (310) 596-8048

2nd Saturday (MO) 1:30 pm

COLORADO**DENVER**

Roy (303) 221-4816

4th Saturday, (MO) 1:00 pm

CONNECTICUT**NEW HAVEN AREA**

George (203) 243-2740

3rd Sunday (MO) 1:00 pm

FLORIDA - APRIL MEETING CANCELLED**DADE-BROWARD AREA**

Madeline (305) 966-4FMS

DELRAY BEACH

Esther (407) 364-8290

2nd & 4th Thursday (MO) 1 PM

Contact for subscription information:

The Florida Newsletter Update Report

P O Box 6826, Hollywood, FL 33081

GEORGIA - NEIGHBORING STATES WELCOME**ATLANTA MEETING - Call for information**

Jean (404) 840-7097 Nancy (404) 922-

7486 Lee (404) 442-0482

Sunday, May 22, 1994, 2:00 pm

INDIANA**INDIANAPOLIS AREA (150 mile radius)**

Gene (317) 861-4720 or 861-5832

Helen (219) 753-2779

Nickie (317) 471-0922 (phone & fax)

IOWA**DES MOINES - Call for location & reservations:**

Betty/Gayle (515) 270-6976

Saturday, April 16, 9am -3pm

Speaker: Dr. Gary Wells, Iowa State U

KANSAS**KANSAS CITY**

Pat (913) 238-2447 or Jan (816) 276-8964

2nd Sunday (MO)

KENTUCKY**LEXINGTON**

Dixie (606) 356-9309

LOUISVILLE

Bob (502) 957-2378

Last Sunday (MO) 2:00 pm

MAINE**FREEPORT**

Wally (207) 865-4044

3rd Sunday (MO)

MARYLAND**ANNAPOLIS AREA**

Carol (410) 647-6339

1st Sunday, bi-monthly

MICHIGAN**GRAND RAPIDS AREA - JENISON**

Catharine (606) 363-1354

2nd Monday (MO)

Michigan Information Newsletter

P O Box 15044, Ann Arbor, MI 48106

(313) 461-6213

meeting notices & state topics

MINNESOTA**ST. PAUL**

Terry & Collette (507) 642-3630

MASSACHUSETTS**WALTHAM - NEW ENGLAND MEETING**

Joseph (508) 752-0554

Sunday, April 10, 12:30-4:30 pm

NEW YORK & VICINITY**MANHATTAN**

Sunday, April 10, 1-4 pm

West Side Jewish Center, 347 W 34St

Speakers: Eleanor Goldstein, author

Bernard Seidler, J.D., Ph.D.

\$10 contribution (includes refreshments)

For information & to RSVP, please

phone: Eileen (516) 379-5285, Barbara

(914) 761-3627, Merwin (212) 595-1556

NEW YORK, (UPSTATE) - See VERMONT**NEW JERSEY (SOUTH) - See PENNSYLVANIA****OHIO****CINCINNATI**

Bob (513) 541-5272

PENNSYLVANIA**PITTSBURGH**

Rick & Renee (412) 563-5616

WAYNE

Jim & Joanne (610) 783-0396

TEXAS**CENTRAL TEXAS**

Nancy & Jim (512) 478-8395

HOUSTON

Jo or Beverly (713) 464-8970

Saturday, May 21 - Guest: Richard

Ofshe

VERMONT (& UPSTATE NEW YORK)**BURLINGTON**

Elaine (518) 399-5749

Monday, May 9, 7:00 pm

WISCONSIN

Katie & Leo (414) 476-0285

To participate in a phone tree.

CANADA**BRITISH COLUMBIA****VANCOUVER & MAINLAND**

Ruth (604) 925-1539

Last Saturday (MO) 1:00-4:00 pm

VICTORIA & VANCOUVER ISLAND

John (604) 721-3219

3rd Tuesday (MO) 7:30 pm

MANITOBA**WINNIPEG**

Joan (204) 257-9444

1st Sunday (MO)

ONTARIO**OTTAWA - Eileen (613) 592-4714****SOUTH/WESTERN ONTARIO**

Adriaan (519) 471-6338

TORONTO - Pat (416) 445-1995

General Meeting - FMS

Volunteer Center

Sunday, April 17, 1:00 pm, Holiday Inn

22 Metropolitan Rd, Scarborough

AUSTRALIA

Ken & June PO Box 363

Unley, S.A. 5061

NEW ZEALAND

Dr. Goodyear-Smith

tel 0-9-415-8095

fax 0-9-415-8471

UNITED KINGDOM**Adult Children Accusing Parents**

Roger Scottford (0) 225-868682

To list a meeting: Mail or fax info to

Nancy in advance (2 mos.) of meeting

date, (for June newsletter, send by

April 25th). Standing meetings will

continue to be listed unless notified other-

wise by state contact or group leader.

...

House of Cards: Psychology and Psychotherapy Built on Myth

Robyn M. Dawes

The Free Press \$22.95 338 pages

A critical examination of some of the most cherished clinical assumptions and therapeutic methods now in use.

"Dawes has, indeed, let the cat out of the bag. This book speaks for all of us who have watched in distress as the profession of psychology ran roughshod over the science of psychology. This is a powerful book that draws on the science of psychology to help us understand our gullibility to the profession of psychology." Marilyn Brewer, former member of the Board of Directors of The American Psychological Association; A President of The American Psychological Society.

"For generations, voices crying in the wilderness have urged a close, critical, and continuing examination of the research and scholarly underpinnings of psychotherapy. Dawes adds his voice to this chorus of concern suggesting that many of our commonly held 'myths' within psychology have little or no supporting data and/or scientific justification. This book is a wake-up call to psychologists and psychotherapists to be more responsible practitioners." Bonnie R. Strickland, Ph.D. Professor of Psychology, University of Massachusetts at Amherst; Past President of The American Psychological Association.

Suggestions of Abuse

Michael Yapko

Simon & Schuster \$22.00

This timely book reveals how and why a startling number of mental health professionals, ignorant about suggestibility and the workings of memory, are unwittingly leading their patients to believe that they are victims of sexual abuse that has been entirely repressed. Sensitive, realistic advice for individuals and families whose lives have been damaged by questionable accusations, and for those who suspect they have been falsely led to believe they were abused.

"Michael Yapko brings a cool head to a hot subject...An indispensable consumer guide for victims of abuse -- and for victims of abuse accusations"

Carol Tavris, Ph.D. Author of *The Mismeasure of Woman*

"He points out where therapists go wrong, and how they may learn to go right. In short, tell the truth about false memory."

Alan W. Schefflin, L.L.M., Author of *Trance on Trial*

Remembering Satan: Case of Recovered Memory and the Shattering of an American Family

by Larry Wright

Knopf \$22.00 205 pages

Nominated for National Magazine Award, Reporting Category

In "Remembering Satan," his painstaking account of the Ingram case, *New Yorker* journalist Lawrence Wright explores the controversial phenomenon of recovered memory and its more lurid cousin, the issue of satanic-ritual abuse... Ingram, the first accused party to ever plead guilty in a ritualistic-abuse case, was himself persuaded by this argument. His daughters would not lie,

he reasoned so he must be guilty of something. Within hours of his arrest, he began inexplicably to envision scenes of abuse....Ultimately, the Ingram family's hysterical eagerness to remember created so many conflicting stories that the state's case all but evaporated, and two other men arrested were released for lack of evidence. In 1989 Ingram came to his senses and sought unsuccessfully to withdraw his guilty plea. But the courts, which are never eager to grant an appeal to anyone who has pleaded guilty, have consistently turned him down. He is serving a 20-year sentence." (Newsweek, April 4, 1994)

RECENT ADDITIONS TO BIBLIOGRAPHY

MAGAZINE & NEWSPAPER ARTICLES:

- 174 "Some law suits simply therapy," by Claire Bernstein.
London Free Press, December 21, 1992. [\$1.00]
- 265 "Of Memory and Emotion," by Daniel Reisberg.
Reed College Magazine, June 1993. [\$1.00]
- 292a "Real or Imagined?" by David McKay Wilson.
The Reporter Dispatch, October 20, 1993. [\$1.00]
- 298 "Family gets blamed for everything," by Kathleen Parker.
Orlando Sentinel, December 31, 1993. [\$1.00]

PROFESSIONAL ARTICLES:

- 518 Dittburner, T. & Persinger, M.A. (1993) "Intensity of Amnesia during Hypnosis is Positively Correlated with Estimated Prevalence of Sexual Abuse and Alien Abductions: Implications for the False Memory Syndrome." *Perceptual and Motor Skills*, 77, 895-898. [\$1.00]
- 537 Frankel, F.H., (1993) "Adult Reconstruction of Childhood Events in the Multiple Personality Literature." *American Journal of Psychiatry*, 150:6, June 1993. [\$3.00]
- 574a Persinger, M.A. (1992) "Neuropsychological Profiles of Adults Who Report 'Sudden Remembering' of Early Childhood Memories: Implications for Claims of Sex Abuse and Alien Visitation/Abduction Experiences." *Perceptual and Motor Skills*, 75, 259-266. [\$3.00]
- 574b Pope, H. G. & Hudson, J. I. (1992) "Is Childhood Sexual Abuse a Risk Factor for Bulimia Nervosa?" *American Journal of Psychiatry* 149:4, pp. 455-463. [\$3.00]
- 581 Slovenko, R. (1993) "False Memories/Broken Families." *AAPL Newsletter*, Vol. 8, No. 2, September. [\$1.00]
- 581a Slovenko, R. (1993) "The Multiple Personality and the Criminal Law." *Medicine and Law* 12: 329-340. [\$4.00]

"Lies of the Mind," by Leon Jaroff (TIME, November 29, 1993). Send request to purchase back issue to the Mail Processing Center, 3000 University Center Dr, Tampa, FL 33612. Or, telephone 1-800-843-8463.

Journal of Psychology & Theology Fall 1992, is devoted to the subject of Satanic Ritual Abuse in patients diagnosed with Multiple Personality Disorder. Guest editor Martha L. Rogers. To order the Special Issue (Fall 1992, Vol 20, No. 3) or to obtain reprints of specific articles, write to *Journal of Psychology & Theology*, 13800 Biola Ave, La Mirada, CA 90639. (Special Issue: \$12 ppd., \$14 ppd. overseas; article reprints, \$3 each.)

CBC, THE FIFTH ESTATE, "Mistaken Identities" produced by Michele Metivier. Air Date: November 9, 1993. For further information: CBC TV 613-724-1200 or 800-663-3607.

Do you have access to e-mail? Send a message to
 pjf@cis.upenn.edu
 if you wish to receive electronic versions of this
 newsletter and notices of radio and television broad-
 casts about FMS. All the message need say is "add
 to the FMS list". It would be useful, but not neces-
 sary, if you add your full name (all addresses and
 names will remain strictly confidential).

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RE: INFORMATION UPDATE

Thank you for completing the Information Update Survey in the February Newsletter. If you have not returned the survey as yet, please take a few minutes to do so. It will help update our files and better document this phenomenon

International Conference

Memory and Reality: Reconciliation

CoSponsored by The False Memory Syndrome Foundation
 and The Johns Hopkins Continuing Education Program
 Baltimore, MD December 9, 10, 11 1994
 Stouffer Hotel

End Note

"Gosh, I hope I live long enough to see how this ends. I remember being in Europe in the war and lying there and thinking the same thing. I wanted to live to see the end. I used to say to my buddy, 'How is this going to end? I hope I don't get it so I see how it ends.' The only thing now is I'm running out of years."

A Dad

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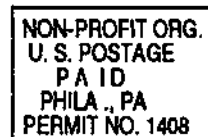
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